

State of Connecticut Commission on Child Protection

http://www.ct.gov/ccpa/site/default.as

Juvenile Matters Monthly Report Form

Court Location (One form per location): Name and Address of Attorney or Firm: Month/Year One Child = \$500.00, Two Children = \$950.00, Three Children = \$1,350.00 and Four or More Children = \$1,700.00 Write in OTC Write in Client Type Adult Client Name (Mother's name if representing Client Code Child's Name (Oldest in sibling group first followed by all Enter # of Clients **Total Amount** Docket # or #'s Date Opened Date Closed Standby Child) From List sibling names) Represented 1-10 From List Below Due Yes - Date Below Client Codes Child (C) Other Relative (R) Case Type Negligent/Uncared For (CP) \$0.00

Child (C) Other Relative (R)
Parent (P) Legal Guardian (L)
GAL - Child (G)
GAL - Parent (B)
Grandparent (D)

Delinquency (DL)
Family with Service Needs (FN)
Termination of Parental Rights (TP)
Standby (S)

DATE: SIGNATURE:

The representations contained herein are made under the penalties of false statement. If this form is completed and mailed via internet the acceptance of the form will serve as formal signature.

I hereby certify that all information contained herein is true and accurate to the best of my knowledge. I understand that submission of a request for payment containing knowingly false statements subject me to all penalties associated with making such false statements.